

PRE-SCHOOL/KINDERGARTEN PHYSICAL EXAMINATION FORM

CHILD'S NAME					ADDRESS					BIRTH DATE				
Last		First		Middle	Street			City		Month		Day		Year
Name of Parent/Guardian			Address			Phone		Family Physician			Address			Phone
Blood Type			Medicine Taken Regularly			Condition(s) Which Could Affect School Work							School Enrolled	

Diseases	Date	Diseases	Date	Vaccines	M/D/Y	M/D/Y	M/D/Y	M/D/Y	M/D/Y	M/D/Y	Tests	Date	Pos	Neg
Allergies		Pneumonia		DTP/DTaP/ DT/Td/Tdap							TB/Mantoux			
Chicken Pox		Poliomyelitis		Polio										
Diphtheria		Rheumatic Fever		MMR										
German Measles		Scarlet Fever		Hib							Other			
Hepatitis		Smallpox		Hepatitis B										
Measles		Whooping Cough		Varivax										
Mumps				Other										

Physical Examination

	Date			HEARING		VISION			
				Right	Left	With Glasses		Without Glasses	
		Height	Weight/b.			Right	Left	Right	Left
General Appearance									
Posture									
Nutrition									
Skin		Comments by Physician							
Feet									
Nose and Throat									
Eyes and Ears									
Tonsils and Glands									
Heart and Lungs		Operations and Injuries							
Abdomen									
Genitals									
Medical Problems									
BP									
Urinalysis									
Lead Screening: Normal _____ Needs More Eval. _____									

Name of Examining Physician: _____

DENTAL EXAMINATION

Date: _____

Condition of Teeth

Condition of Gums

Name of Examining Medical Professional: _____

Does student have private health insurance _____, Medicaid _____, or no health insurance _____? (Please check one.)

NOTE TO PARENTS: If your child does not qualify for Medicaid and you can not afford private health insurance, your child may qualify for free or reduced cost health insurance through Healthy and Well Kids in Iowa (HAWK-I) Program. Your school nurse has information and applications or you can call 1-800-257-8563.

Please return this form before the end of the first week of school.